

**Work Order ID 155861**

Wednesday, January 18, 2017 7:32:13 AM

**\*155861\***

Page 1

Item ID: D350-616-013

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Deck Plate &amp; Tie Down

Start Date: 1/20/2017 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 2/1/2017 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals:

Process Plan:

DAS  
21  
9-89

Date:

JAN 23 2017

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                            | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr                                                        |                      |         |        |              |               |               |                  |                |
| D350-616                       | H                                                                   | JAN 27 2017          |         |        |              |               |               |                  |                |
| 100                            | Document Control                                                    | 0.00                 |         |        |              |               |               |                  |                |
| <b>*100*</b>                   |                                                                     |                      |         |        |              |               |               |                  |                |
| DC                             | Memo                                                                | 0.00                 |         |        |              |               |               |                  |                |
| Doc.Control -USB or Paperwork  | Photocopy bluefile and create labels per PPP D350-616-013<br>CHG004 |                      |         |        |              |               |               |                  |                |
| 110                            | Pick Kit                                                            | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |                                                                     |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                                | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                                     |                      |         |        |              |               |               |                  |                |
| 120                            | QC4- 100% Inspect kits for completeness                             | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |                                                                     |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                | 0.01                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                     |                      |         |        |              |               |               |                  |                |

FEB 03 2017

JAN 27 2017

DAS  
27  
9-89

FEB 03 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          | Lead hand / Supervisor<br>Approval Verification                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          | QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabelled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

**Work Order ID 155861**

Wednesday, January 18, 2017 7:32:13 AM

**\*155861\***

Page 2

Item ID: D350-616-013

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Deck Plate &amp; Tie Down

Start Date: 1/20/2017 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 2/1/2017 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            |                                                                                             | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   |                                                                                             |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                                                        | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP D350-616-013<br>Location: _____<br>PPP Rev: _____ |                      |         |        |              |               |               |                  |                |
|                                |                                                                                             |                      |         |        |              |               |               |                  |                |
|                                |                                                                                             |                      |         |        |              |               |               |                  |                |
| 140                            |                                                                                             |                      |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                                                             |                      |         |        |              |               |               |                  |                |
| QC                             |                                                                                             |                      |         |        |              |               |               |                  |                |
| Quality Control                | Memo                                                                                        | 0.03                 |         |        |              |               |               |                  |                |

DAS  
27  
9-89  
FEB 03 2017DAS  
21  
9-89  
FEB 03 2017

FEB 03 2017



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | Completed By                                                                                                      |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | Lead hand / Supervisor<br>Approval Verification                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | QC / QA Coordinator<br>Approval                                                                                   |  |  |

| Root Cause         |                          |                       |                          | FAULT CATEGORY         |                          |                                   |                          |                       |                          |                      |                          |
|--------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|--------------------------|----------------------|--------------------------|
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> | Power Loss/Surge      | <input type="checkbox"/> | Positioned Wrong     | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> | Folio/Program         | <input type="checkbox"/> | Outside Dimensions   | <input type="checkbox"/> |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> | Grain                 | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> | Weld                  | <input type="checkbox"/> | Part Incorrect       | <input type="checkbox"/> |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled    | <input type="checkbox"/> | Part Lost/Missing    | <input type="checkbox"/> |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out of Sequence       | <input type="checkbox"/> | Part Moved           | <input type="checkbox"/> |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-set               | <input type="checkbox"/> | Drawing              | <input type="checkbox"/> |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Mislabeled            | <input type="checkbox"/> | Finish               | <input type="checkbox"/> |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/Function          | <input type="checkbox"/> | Misread              | <input type="checkbox"/> |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence     | <input type="checkbox"/> |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | <b>OTHER :</b> _____   |                          |                                   |                          |                       |                          |                      |                          |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |                        |                          |                                   |                          |                       |                          |                      |                          |

Tuesday, January 17, 2017 1:55:41 PM

**\*155861\***

**\*D350-616-013\***

**Required Date:** 2/1/2017

**Required Qty: 2.00**

**Comments:** IPP A 07.05.22 coss issue EC  
IPP Rev:B 08-12-10 rev.E as per dwg DD verified by:ec IPP REV:C  
13.05.21 AS PER DWG REV.G DD VERF:JLM IPP REV:D 16.04.19  
NOW @ CHG004 DD VERF:JLM

[illegible]

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|---------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                       |               |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | MRB (QSI042) Approval |               |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                       | Completed By  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |               |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Misabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       | OTHER : _____ |  |



**Work Order ID 155861**

Friday, January 27, 2017 12:26:37 PM

**\*155861\***

Page 1

Item ID: D350-616-013

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Deck Plate &amp; Tie Down

Start Date: 1/20/2017 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 2/1/2017 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                            | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr                                                        |                      |         |        |              |               |               |                  |                |
| D350-616                       | H                                                                   |                      |         |        |              |               |               |                  |                |
| 100                            | Document Control                                                    | 0.00                 |         |        |              |               |               |                  |                |
| <b>*100*</b>                   |                                                                     |                      |         |        |              |               |               |                  |                |
| DC                             | Memo                                                                | 0.00                 |         |        |              |               |               |                  |                |
| Doc.Control -USB or Paperwork  | Photocopy bluefile and create labels per PPP D350-616-013<br>CHG004 |                      |         |        |              |               |               |                  |                |
| 110                            | Pick Kit                                                            | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |                                                                     |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                                | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                                     |                      |         |        |              |               |               |                  |                |
| 120                            | QC4- 100% Inspect kits for completeness                             | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |                                                                     |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                | 0.01                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                     |                      |         |        |              |               |               |                  |                |

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# REFERENCE ONLY

| QTY<br>- 011 | QTY<br>- 013 | QTY<br>- 015 | Part Number   | Description                                             |
|--------------|--------------|--------------|---------------|---------------------------------------------------------|
| X            |              |              | D350-616-011  | Emergency Litter Kit                                    |
| 1            | X            |              | D350-616-013  | Deck Plate and Tie Down Kit                             |
|              | 1            | X            | D350-616-015  | Deck Plate Kit                                          |
|              |              | 1            | D2344         | DECK PLATE (AFT)                                        |
|              |              | 4            | D2348         | WEAR PLATE (KEY WAY)                                    |
|              |              | 1            | D2353         | STIFFENER                                               |
|              | 1            |              | D2360         | LITTER TIE DOWN (LOCKING)                               |
|              |              | 1            | D2364         | DECK PLATE (FWD)                                        |
|              |              | 2            | D2365         | WEAR PLATE (PIP PIN)                                    |
|              |              | 1            | D2369-1       | LOCATOR PLATE                                           |
|              |              | 1            | D2369-3       | LOCATOR PLATE                                           |
| 1            |              |              | D2370-1       | LITTER ASSEMBLY                                         |
| 1            |              |              | D4812-041     | PATIENT STOP ASSY (REPLACES D2493)                      |
|              | 1            |              | D3179-041     | LITTER TIE DOWN (NON-LOCKING)                           |
|              |              | 1            | D4780-041     | FWD COVER MOUNTING BRACKET ASSY                         |
|              |              | 1            | D5387-041     | AFT COVER MOUNTING BRACKET ASSY<br>(REPLACES D4779-041) |
|              |              | 1            | D5388-1       | STUB COVER<br>(REPLACES D4778-1 AND D3494-1)            |
|              |              | 25           | MS20426AD4-5  | RIVET                                                   |
|              |              | 25           | MS20426AD4-6  | RIVET                                                   |
|              |              | 6            | MS20426AD5-7  | RIVET                                                   |
|              |              | 6            | MS20426AD5-8  | RIVET                                                   |
|              |              | 15           | MS20601AD4W2  | BLIND RIVET (or CR9162-4-2)                             |
|              |              | 30           | MS20601AD4W3  | BLIND RIVET (or CR9162-4-3)                             |
|              |              | 6            | MS21042L3     | NUT (or MS21042-3)                                      |
|              |              | 6            | MS24693-C273  | SCREW (or MS24693-273)                                  |
|              |              | 22           | MS24693-C48   | SCREW (or MS24693-48)                                   |
|              |              | 7            | MS35207-263   | SCREW                                                   |
|              |              | 13           | NAS1149D0363J | WASHER (or AN960JD10)                                   |

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CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED

BY:   
D. SHEPHERD (DE # 02)

DATE: 16.03.11  
CERT. NO.: SH96-10  
ISSUE NO.: 3

|            |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |               |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| H          | D5387-041 AND D5388-1 WERE D4779-041 AND D4788-1;<br>REVISED SHT 3; ADDED TRIM NOTE ON SHEET 10.<br>REASON: PAR15-415 AND PAR15-467.                                            | MB                                                                                                                                                                                                                                                                             | 16.03.11      |
| G          | D4812-041 PATIENT STOP ASSY WAS D2493 (SH1),<br>UPDATE WEIGHT AND BALANCE TABLE (SH2), NEW PART/<br>FIGURE (SH7), REVISE FIGURE (SH 9), ADD OPTION<br>APPLICABILITY NOTE (SH11) | DB                                                                                                                                                                                                                                                                             | 13.04.01      |
| F          | REPLACE MMS-D350-616 REF. WITH ICA-D350-616<br>INCORPORATE DSI 9645                                                                                                             | DC                                                                                                                                                                                                                                                                             | 13.03.01      |
| E          | MAKE DSI 9310 STANDARD, D3179-041 REPLACES D2350                                                                                                                                | RF                                                                                                                                                                                                                                                                             | 08.11.07      |
| D          | ADD D3494-1 STUB COVER                                                                                                                                                          | MB                                                                                                                                                                                                                                                                             | 06.01.19      |
| C          | ADD DSI 9112/9117/9130/9236/9310                                                                                                                                                | MB                                                                                                                                                                                                                                                                             | 06.01.10      |
| B          | ADD VIEW OF D2493 TO SHEET 9                                                                                                                                                    | BW                                                                                                                                                                                                                                                                             | 96.01.09      |
| A          | NEW ISSUE                                                                                                                                                                       | BW                                                                                                                                                                                                                                                                             | 95.02.20      |
| REV.       | DESCRIPTION                                                                                                                                                                     | BY                                                                                                                                                                                                                                                                             | DATE          |
| DESIGN     | BW                                                                                                                                                                              | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                       |               |
| DRAWN      | MB                                                                                                                                                                              |                                                                                                                                                                                                                                                                                |               |
| CHECKED    | ASS                                                                                                                                                                             | DRAWING NO.                                                                                                                                                                                                                                                                    | REV. H        |
| MFG. APPR. | N/A                                                                                                                                                                             | D350-616                                                                                                                                                                                                                                                                       | SHEET 1 OF 13 |
| APPROVED   |                                                                                              | TITLE                                                                                                                                                                                                                                                                          | SCALE         |
| DE APPR.   |                                                                                              | AS 350/355 LITTER KIT INSTALLATION                                                                                                                                                                                                                                             | NTS           |
| DATE       | 16.03.11                                                                                                                                                                        | COPYRIGHT © 1995 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br>WRITTEN PERMISSION FROM DART AEROSPACE LTD. |               |